

Case Number:	CM14-0015648		
Date Assigned:	03/03/2014	Date of Injury:	06/06/2008
Decision Date:	08/04/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old patient had a date of injury on 6/6/2008. The mechanism of injury was not noted. On a physical exam dated 12/12/2013, the patient continues to have pain in his left knee. He has difficulty walking up and down steps, kneeling, and carrying moderate to heavy loads. He has had prior surgical intervention twice that has not helped his symptoms. Urine toxicology report dated 12/28/2013 notes findings consistent with prescribed medications Hydrocodone and Zolpidem. Diagnostic impression was degenerative joint disease left knee, internal derangement left knee, compensatory pain rule out internal derangement right hip. Treatment to date: medication management, behavioral modification, surgery. UR decision dated 1/28/2014 denied the request for compound Gabapentin/Cyclobenzaprine/Tramadol/PCCA lipo, stating that the doctor was unable to find evidenced-based guidelines that address the use of topical tramadol. Topical Gabapentin or topical Cyclobenzaprine are not supported for use.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

COMPOUNDCMPD-GABAPENTI/CYCLOBENZ/TRAMADOL/PCCA LIPO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended for use. There was no specific rationale provided as to why the patient needed this medication despite lack of guidelines support. Therefore, the request is not medically necessary.